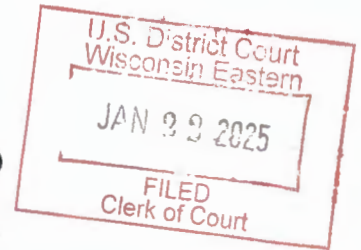


**COMPLAINT**  
(for filers who are prisoners without lawyers)

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WISCONSIN



(Full name of plaintiff)

CORNELIOUS EARL DeGETTARD

v.

Case Number:

25-C-0110

(Full name of defendant(s))

(to be supplied by Clerk of Court)

Trinity Service Group  
LeNard Benishen  
John Doe

Supervisor, John Doe, Supervisor Arby, Manager Johnson

**A. PARTIES**

1. Plaintiff is a citizen of Milwaukee Wisconsin and is located at  
(State)

criminal Justice 949 N. 9TH st  
(Address of prison or jail)

2. Defendant Trinity Service Group, LeNard  
(Name)

is (if a person or private corporation) a citizen of Wisconsin  
(State, if known)

and (if a person) resides at \_\_\_\_\_  
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for Trinity Service Group 949 N 9th St  
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

(1) Trinity Service Group, Leonard, Jane Doe, John Doe

Jane Doe Supervisor, John Doe Manager

14th Amendment Violation

Trinity Service Group to follow instruction from the doctors order  
from Health Care, Pertaining to my special trays diabetic diet or follow

the Amer American Diabetic Ass. Guid Line for diabetic Meal

therefore created deliberate Indifference to my Serious medical issue

Failed I'm eligible to say but yet defendant assist on send

80% on my trays Bannard Rice, Mac, white bread, cake, etc. All put my

(when) Life in danger 10/1/2024 thru 12/31/2024 file total 15 grievances five

Phone direct call from Medical with special instruction to follow yet

Trinity Service Group, Leonard, John Doe, Jane Doe, Supervisors managers

Continues there deliberate Indifference to my Serious medical conditions  
currently being treated for my injuries Pain Suffering Seeking continue

Medical treatments

What they took NO action to change my special Food trays even after Medical  
and the Kitchen or Trinity Service Group and Staff.



# STATEMENT of CLAIM

2

Indifferent to my Serious medical Conditions as a Chronic  
Care detainee at Milwaukee County Jail, were as  
handicapped detainee the Jail is not American Disability Act Compliance  
Building, 6 months I was in a Cell regular No rails  
Cell so small to move around (6 A 21) (5 D 21) these are  
Cells that classification Assign for me, even after I fell  
in 6 A 21 POD after the wheel chair I had was taken  
leaving me no way to take care of my personal Hygiene  
except my meals and medical no device to assist in ambulating  
I was force to crawl of the Concrete floor and slide over  
transfer from chair to chair before G.D. Zollicoffer told me I <sup>he did nothing to help</sup>  
could not use the chair to assist me in my Needs in showers  
where I spent literally up to 21 days with a Shower equip for  
handicap detainee it got so bad I Contracted a Fungus on  
my Penis I had to seek medical attention with Provider  
then I receive Treatment For my injuries as a result of poor  
Hygiene (No Shower) this happen on more than one occasion, beside the  
21 days, there were 14 days pass, 10 days from Aug 1/2024 to 12/25/24  
I got my shower schedule in writing for Tuesday, Thursday, SAT  
but there was always an excuse from G.D.S on why they  
could not take me to the handicap Shower in the  
Infirmary, with my physical and mental effected I DeGuerford Am  
seeking damages and Compensation Future Professional help once release  
my traumatic mental experience.

In addition the Jail is not Equip or Setup where I can attend Religion Service  
or Library because Tim Henderson in wheel chair every thing is  
up stairs I cannot EXCESS continue to serve so what deliberate Indifference



STATEMENT of CLAIM Complaint #

On Back  
→

(Current) Milwaukee Criminal Justice Facility 949 N 9th St Milwaukee WI 53233

Why I do not know they fail to follow my medical doctor instruction regard  
to my Allergic condition regarding SOY and soy base product, And Diabetic  
Diet. Stress and anxiety Future treatment Professional services mental and psy  
chiatrist hospital, Trinity Service Group Food service (Cafeteria Kitchen)  
6 month of being sick for which I seek damages and  
Compensation for future treatment.

Serving Soy meat, RAW uncooked meat,

1) Health care provider sent and call Trinity service Group instruction  
for my diabetic meals and at night a diabetic snack, well  
Trinity fail to follow the doctor instruction putting my health at  
risk cause me extremely high level of stress and Anxiety, Pain  
from being serve SOY, cause issues diarrhea, Vomiting, Migraine, Stomach  
pain, loss of sleep deprive from stressing causing me see mental  
health and advise more mental health treatment once I am release,  
Every food tray serve had Rice, white Bread, cake, mac cheese, some type of  
soy meat (beaver tail) all the other turn to sugar increasing my blood  
glucose range 380 - 400 high level, on most of the diabetic tray had  
a sticker Label NO SOY, yet SOY was a part of the meal, I  
store some of the soy meat in a plastic bag and sent it to medical  
for testing as a sample alone with a form address Dr. Pulse  
several call were made by different doctors with instruction, still  
Trinity Service Group intentionally knowingly add SOY to my tray and  
food that convert to sugar, white rice, white bread, cake, this continue deliberate

I CHERIOUS E. DEGEFFORD the Plaintiff Ask the Court to grant and I seek damages from Dr Pulsen, Leonard, Johnson, Atty manager and any Compensation for my injuries plus any relief this Court deems just and proper. If the Court will constitute this request for relief to include injunctive relief assuming Trinity Service Group and staff continue to served food that is uncook, and out of american diabetes Guild Links for diabetes. It makes out of compliance with is Prescribed by the Milwaukee Jail Doctors diabetic diet and should not served Rotten Food, or No Food, Food under 2900 Calerns or Food that contain Soy meat to inmates who are allergic notify by Medical. Trinity Service Group have done so Present and Immediate danger to my health and Well-being and other Inmates Prescribe a Special diet. Stop posting FAKE Food menu example once the Court request proof evidents



C. JURISDICTION

☐ I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR

☒ I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$ 7,500,000.00

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

I would appreciate if the Court would sanction  
Milwaukee Jail to take responsibility for the action  
of the Food Service Group, they selected to serve  
all inmates and that they should have a dietitian on  
staff and posted and a menu of food that  
actually exist and a third party to monitor.  
Also on Milwaukee County Jail bring Jail  
up to code, Guild line American Diabetic Association  
also comply with American disability Act for  
whole Jail unequip to handicap detainees  
Mandate and inspection to monitor the compliance  
for my injuries and further treatment and professional help for physical internal  
pain and mental suffering, but compensate 2,500,000.00

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E. JURY DEMAND

I want a jury to hear my case.



- YES



- NO

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 24 day of December 2024.

Respectfully Submitted,



Signature of Plaintiff

2024012851

Plaintiff's Prisoner ID Number

Criminal Justice Facility

949 N. 9TH St. Milwaukee, WI 53233

(Mailing Address of Plaintiff)

**REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE**



I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.



I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.